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TRANSMITTAL FORM <small>to be used for all correspondence after initial filing)</small>		Application Number	10/825,083
		Filing Date	April 14, 2004
		First Named Inventor	Mikhail M. FELDSTEIN et al.
		Art Unit	1713
		Examiner Name	William K. CHEUNG
Mail Stop	Amendment	Attorney Docket Number	2335-0010

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due: \$225 <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR§ § 1.16 <input type="checkbox"/> 37 CFR§ § 1.17 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - ___ Affidavits/declaration(s) <input checked="" type="checkbox"/> Two-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks): Claim Count <table border="1"><tr><td>Total Claims</td><td>11</td><td>- 90 =</td><td>Extra Claims</td><td>0</td><td>New Claim No.</td><td>11</td></tr><tr><td>Independent Claims</td><td>3</td><td>- 8 =</td><td></td><td>0</td><td></td><td>3</td></tr></table>	Total Claims	11	- 90 =	Extra Claims	0	New Claim No.	11	Independent Claims	3	- 8 =		0		3
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Isaac M. Rutenberg, Registration No. 57,419 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature		Date	October 31, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Will Sayo		
Signature		Date	October 31, 2005